POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J.B.		1-18-00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	JB	40303	2-4

INDEX OF CLAIMS

✔	.... Rejected		N	....	Non-elected
=	.... Allowed		I	....	Interference
—	(Through numeral)... Canceled		A	....	Appeal
÷	.... Restricted		O	....	Objected

Claim		Date		Claim	Date		Claim	Date
Final	Original			Final / Original			Final / Original	
1	O			51			101	
2	O ✔ ✔ ✔			52			102	
3	✔ ✔ = =			53			103	
4	O			54			104	
5	✔ O ✔ =			55			105	
6	O O = =			56			106	
7	✔ ✔ ✔ ✔			57			107	
8	O = = =			58			108	
9	✔ = = =			59			109	
10				60			110	
11				61			111	
12				62			112	
13				63			113	
14				64			114	
15				65			115	
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17				67			117	
18				68			118	
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23				73			123	
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27				77			127	
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35				85			135	
36				86			136	
37				87			137	
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39				89			139	
40				90			140	
41				91			141	
42				92			142	
43				93			143	
44				94			144	
45				95			145	
46				96			146	
47				97			147	
48				98			148	
49				99			149	
50				100			150	

If more than 150 claims or 10 actions
staple additional sheet here

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